

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551358

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3			1			
4		1				
5			1			
6		1				
7	1	1				
8	1	1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19	1					
20		1				
21	1					
22		1				
23	1					
24		1				
25		1				
26	1					
27		1				
28	1					
29		1				
30	1					
31		1				
32		1				
33	1					
34		1				
35		1				
36	1					
37		1				
38	1					
39		1				
40	1					
41		1				
42	1					
43		1				
44	1					
45		1				
46	1					
47		1				
48		1				
49	1					
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53	1					
54	1					
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
82		1				
83		1				
84		1				
85		1				
86		1				
87		1				
88		1				
89		1				
90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						